Understanding Sociocultural and Psychological Factors Affecting Transgender People of Color in San Francisco

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*This ethnographic qualitative study explored the needs of transgender people of color, including biological transitioning issues, gender and group membership identity formation, HIV, and other health issues. The sample consisted of transgender youth and adults of color in San Francisco (*N = *43). Data were collected from in-depth interviews with 20 youth and adults and focus groups with 23 individuals. The study focused on perspectives of racial and ethnic minorities from Asian/Pacific Islander, African American, and Latino backgrounds. The medical decision-making perspective was used to gain a deeper understanding of sociocultural and psychological factors affecting transgender individuals of color in San Francisco. The major themes that emerged were gender identity, group membership, transitioning and related issues, sex work, alcohol and drug use, mental health and health care, sense of community, HIV, resources, and other support. Key clinical considerations that health providers can use to improve care of transgender individuals of color are included.*

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Transgender people of color are a vulnerable population whose needs are difficult to identify because of the limited availability of data and research findings. The actual number of transgender individuals living in San Francisco is still unclear; however, we believe

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that a consensus exists among researchers and service providers, informally at least, that roughly 1,200–1,400 self-identify as transgender male-to-female (MTF) and female-to-male (FTM). The limited available published data on the transgender population suggest that transgender individuals face numerous social and psychological problems, including issues related to gender identity, HIV, poverty, discrimination, racism, unemployment, and abuse (Bockting, Robinson, Forberg, & Scheltema, 2005; Clements-Nolle, Marx, Guzman, & Katz, 2001; Kellogg, Clements-Nolle, Dilley, Katz, & McFarland, 2001; Lombardi & van Servellen, 2000; Nemoto, Operario, Keatley, Han, & Soma, 2004; Nemoto, Sausa, Operario, & Keatley, 2006; Operario, Burton, Underhill, & Sevelius, 2008; Schilt & Wiswall, 2008). Other issues include the lack of access to health care and mental health services. Furthermore, transgender people also face violence in a society that denies them the opportunity to live self-determined and healthy lives (Bith-Melander, 2005; Farmer, 1996).

Some transgender individuals turn to sex work to fulfill their daily needs (Edwards, Fisher, & Reynolds, 2007; Operario et al., 2008), which increases their risk for contracting HIV (Nemoto et al., 2004). Previous research studies have reported the prevalence of HIV infection to be as high as 35% among transgender persons (Clements-Nolle et al., 2001). Fundamentally, the limitations are the lack of transgender-specific health materials that could help nurses and other health care providers to appropriately interact with and serve this population. The complexity related to gender identity, specifically issues about transition and living full time as the desired gender, clearly needs to be addressed. Because many transgender individuals are vulnerable to society's prejudices and abuses, their needs, including transgender-specific problems such as hormone injections, difficulties with the interim transitioning period, transgender-related surgeries, and transgender pronoun and vernacular, are significant. This study was conducted to collect data with the primary objective to use the results to design a program for transgender youth of color in San Francisco. This article provides information about the transgender community of color in their words and experiences to help health care providers become more sensitive when serving this vulnerable subpopulation.

Background

The transgender community is a diverse group of people who transcend culturally defined categories of gender. Transgender people, particularly youth, face a host of health and mental health problems, low self-esteem, lack of job opportunities, lack of transgender-specific and transgender-sensitive community services, substance abuse, homelessness, discrimination, and sexual violence and victimization (Clements-Nolle et al., 2001; Nemoto, Operario, & Soma, 2002). Transgender youth experience high rates of rejection from family and peers, as well as feelings of alienation and hopelessness (Gagne, Tewksbury, & McGaughey, 1997). A study based in San Francisco revealed that transphobia (e.g., verbal and physical abuse, assault, and discrimination) was widespread, starting as early as childhood when participants expressed nontraditional gender behavior (Nemoto et al., 2002). In a sample of 392 San Francisco transgender women (of whom 32% were sex workers), 62% were depressed, one third had attempted suicide, one fifth had been hospitalized for mental health problems, and 35% were also infected with HIV (Clements-Nolle et al., 2001). Similarly, another local study showed a high occurrence of depression and suicide attempts resulting from social stigma and transphobia (Bockting, Robinson, & Rosser, 1998). For transgender people of color, negative psychosocial consequences are heightened by experiencing the cumulative effects of racism and transgender stigma similar to gay men of color (Díaz, Ayala, & Bein, 2004). Because of poverty, racism, and lack of employment, commercial sex work can become an economic necessity for many MTF persons, which increases their susceptibility to HIV infection and other risks. Among other social problems, many MTF transgender persons resort to drug use to cope with the adversity of harassment and discrimination faced in their daily lives (Bockting et al., 1998). Staggering prevalence rates of noninjection drug use have been reported in San Francisco, highest for marijuana (90%), cocaine (66%), speed (57%), lysergic acid diethylamide (52%), poppers

(50%), crack (48%), and heroin (24%; Clements, Katz, & Marx, 1999).

Despite San Francisco's reputation as a safe haven for accepting and serving transgender people, most health care professionals and social service providers lack knowledge and experience in providing services to transgender persons, and may show discomfort or insensitivity toward this community. The lack of appropriate health care, support, and other services for transgender people has been documented (Bockting et al., 1998; Lombardi & van Sevellen, 2000). Participants in the San Francisco Department of Public Health's Transgender Community Health Project stated that many health care providers lacked a fundamental understanding of transgender health and, consequently, could not appropriately address client needs (Clements-Nolle et al., 2001). Specifically, health care providers lacked information, resources, and protocols for addressing transgender health, such as how to support individuals in gender transition and how to educate clients about the procedures and risks associated with hormones and surgeries. Most providers lacked even basic guidelines for use of restroom and shower facilities, bed and sleeping arrangements, and intake forms appropriate to transgender patients. Clients of the Asian and Pacific Islander (A/PI) Wellness Center's TRANS: THRIVE program, a holistic program that offers social support, access to HIV and hepatitis testing, and substance abuse prevention for transgender people of color, have provided information indicating that 55% of the transgender clients were uninsured and they underutilized health services (A/PI Wellness Center, 2007).

A study of transgender youth of color in 2003 provided a partial picture of life experiences of MTF youth of color who faced multiple life stressors, including histories of arrest, difficulty finding safe places to sleep, and lack of medical care (Stauffer, 2008). The study found an alarming self-reported HIV prevalence rate of 22%, and other studies have also reported high prevalence rates of HIV infection in the transgender community (Bockting, 2008; Edwards et al., 2007; Nemoto et al., 2004). Others have raised concerns about the dual roles of substance use and HIV infection (Operario & Nemoto, 2005) and indicated that transgender females were on a front line of HIV vulnerability (Lombardi, 2001; Nemoto et al., 2004). Moreover, qualitative sociocultural context studies have revealed that socioeconomic and psychological factors have contributed to increased HIV-related risk behaviors (Bockting et al., 1998; Kellogg et al. 2001; Nemoto et al., 2004). Qualitative and quantitative research on this population has been fairly limited. This study specifically tried to identify social and cultural issues related to gender identity and group membership, biological and psychological transitioning, HIV risk, unmet health and mental health needs, substance use, sex work, immediate and primary concerns, resources and support, and whether there was a sense of transgender community of color in San Francisco.

Theoretical Considerations

As noted by Farmer (1992), the spread of HIV follows the "fault lines" of society, with large-scale social forces—political, economic, and cultural—determining who will be at increased risk of contracting HIV. These forces combine to ensure that vulnerable groups (e.g., women, sex workers, drug users, persons living in poverty) are most at risk for HIV (Farmer, 1996; Heise & Elias, 1995). Throughout the world, "structural violence"—the violence of living in the context of these social forces—against vulnerable groups denies them the opportunity to live self-determined and healthy lives (Farmer, Connors, & Simmons, 1996). This necessitates analysis in terms of ethnicity, race, gender, and economic order. Economic, gender, and racial inequalities disempower vulnerable groups and create common social experiences that increase the risk of contracting all diseases associated with poverty, including tuberculosis, sexually transmitted diseases, and HIV infection. Lack of access to education and wage employment results in reliance on public assistance as well as alternative, and sometimes illegal, forms of income (e.g., sex work, selling drugs) for economic support. Early onset of sexual activity, homelessness, exposure to violence at home, substance use, and sexual relations with HIV-infected clients are correlated both with poverty and increased risk for HIV infection (Fournier & Carmichael, 1998).

Transgender individuals in San Francisco make decisions out of the need to survive. Condom use in commercial sex work is associated with the income and negotiation skills of the sex workers themselves (Wong et al., 2003). In addition, although it is believed that the promotion of condom use has greatly decreased the transmission of HIV through commercial sex work (Pisani et al., 2003), sexual activity among long-term sexual partners, particularly between transgender individuals and boyfriends or husbands, is subject to a different set of social contexts and subcultural norms (Bith-Melander, 2005). This phenomenon can be further explained from the medical decision-making perspective.

The decision to engage in high-risk behaviors can be understood through patterns of resorts (Bith-Melander, 2005). People will choose among the many options that are available to them at the time and weigh between the immediate and long-term consequences. Even if the consequence is life-long and severe (i.e., being infected with HIV or violence resulting from disclosed gender identity), people will choose among the many available options that fulfill their immediate or daily needs. The medical decision-making perspective seeks to understand what people do when faced with illness and tries to account for the actions they take (Garro, 1999). It considers individuals as rational decision makers who choose among a variety of options. This perspective takes into account what individuals actually say and do. It pays attention to the day-to-day actions of people confronted with real-life situations and attempts to gain insight into the relationship between cultural and associated knowledge and specific actions. HIV infection is seen as a slow process, and perhaps seems less threatening in the immediate future. HIV becomes secondary, especially when poverty dictates immediate actions, and this belief is compounded by the fact that people in the developed world do have access to effective antiretroviral therapy. For transgender individuals, the decision to engage in high-risk behaviors is based on the rationale that immediate needs and other necessities (e.g., reassignment surgeries and hormone shots) must be fulfilled before decisions to deal with other concerns. The risk of contracting HIV becomes less important compared to other, more pressing problems (Bith-Melander, 2005).

Research Methods and Study Group Demographics

Data collection for this ethnographic study consisted of 20 interviews and four focus groups with selected individuals from the A/PI, African American (AA), and Latina/o (L/L) ethnic groups, and an amalgamated group composed of individuals representing each selected ethnic group. Participants were selected using snowball sampling and referrals from staff and from other nonprofit agencies serving transgender individuals. The researcher recruited 20 participants for in-depth interviews. The ethnic breakdown of the participants is shown in Table 1. In addition, four focus groups were conducted with transgender youth and adults ($n = 23$) from A/PI, AA, L/L, and mixed ethnicities ranging in age from 20s to mid-50s.

The principal investigator (PI) developed an interview guide and questions from the Cesar Chavez Institute (CCI), California State University, San Francisco, that were used to conduct previous needs assessments. Interviews were conducted at the A/PI Wellness Center between July 2008 and September 2008. The PI recruited all participants for the interviews, performed in-depth interviews, and recorded written notes during each interview.

The focus groups were convened in San Francisco on weekdays between August 2008 and October 2008. Three of the focus groups were held at the A/PI Wellness Center's main office at midday and one was held in the early evening at TRANS:THRIVE, the agency's drop-in center for transgender individuals. Focus groups lasted 1 hour and included a meal. A/PI Wellness Center managed the focus group recruitment, and the PI attended and observed each group. The researcher from CCI facilitated the groups in English and in Spanish when appropriate. The focus groups were audiotaped and later transcribed. Associates from CCI also recorded written notes during the focus groups.

Ethnograph 3.0 was used to analyze the data. One major limitation of this statistical software program is that it tends to analyze qualitative data in a similar manner to quantitative data by organizing words into groups and further putting them into patterns.

Table 1. Study Group Demographics

Interviews (N = 20)	Focus Groups (N = 23)
Asian and Pacific Islander	
8 participants	Total: 3 participants
5 MTF adults	2 youth
3 MTF youth	1 adult
1 transmasculine youth	
African American	
6 participants	Total: 8 participants
2 MTF adults	7 youth
3 MTF youth	1 adult
1 FTM youth	
Latina/os	
4 participants	Total: 3 participants
2 MTF adults	3 youth
2 MTF youth	
	Mixed ethnicities
	Total: 9 participants
	6 youth
	3 Adults

Note. FTM = female to male; MTF = male to female.

Results and Discussion

Gender Identity, Group Membership, and Related Issues

Gender identity is an individual's personal sense of identification. Gender identity and group membership are inter-related, and youth express the need to feel a sense of belonging to a group, regardless of their gender. Youth are familiar with their own gender identities and the need to find affiliations they are comfortable with and in line with their values and beliefs. However, gender identity seems to be an added layer to the adolescent struggle, as it tends to dominate all daily experiences. The adolescents in our study expressed frustration with themselves for being different, with society for discrimination, and with parents for lack of understanding and support. The survival and coping mechanisms among transgender youth included the ability to identify a sense of belonging through group memberships or affiliations.

Because group memberships are complex, fluid, and defined by various characteristics, participants were asked to identify subgroups in the transgender community. They indicated that subgroups were based on language, culture and ethnicity, social and professional status, gender self-identification (e.g., MTF or FTM transgender, trans, queer, questioning, androgynous, gender fluid), current age, and length of time the individual has identified as transgender, ease of passing for the preferred gender expression, and whether gender reassignment surgeries had occurred.

A/PI participants were very familiar with different subgroups in the A/PI transgender community in San Francisco. Most A/PI participants identified an extensive system of categorization of A/PI transgender subgroups, including immigration status such as American-born versus foreign-born, age-based, culture- and language-specific, living part-time versus full-time as a transgender woman, androgynous (i.e., passable vs. nonpassable), drag queens, full transgender, gender-variant, queer, questioning, transmasculine, and gender neutral. General identity and gender identity both appeared to play a key role regarding comfort with self and how support was sought and how feelings were expressed to others as well as internally to oneself. As an A/PI transmasculine youth who described the struggle between his inner self and the perceptions from others about his identity said as is given below:

> The struggle is with what's in the inside versus what's on the outside…I am not ready yet, and I see change everyday. I am trying to be real with who I am right now. I know I don't want to be a female, but I am not sure that I want to be a man. I want to be a gay male masculine…I'm not sure of myself to go through a complete change.

One MTF A/PI transgender adult explained her identity as a transgender woman, "It is considered being slapped in the face to be called 'drag.' So, being a full-time transgender woman means to live full-time as a woman, to take hormone shots and to change documents."

Some participants stated that youth struggled with self-image and identities because they were experimenting with how to become comfortable with their gender identities. They were careful about choosing group membership and identity that might single them out in a group. A few participants said self-image was about the presentation of self without compromising original gender identity. They

expressed concern about being perceived as a gay man or "too" feminine. One MTF AA transgender adult shared her view about her identity as a transgender woman.

> Being a woman involves dressing as a woman and wearing make up. The initial phase is difficult. Youth are still experiencing their identities. Being a teenager is already problematic. Asking what it means to be a boy or a girl can't enter most people's minds.

Participants stated that gang affiliations were most prevalent in the AA community. In general, gang membership defined subgroups among AA youth, regardless of gender identity. AA participants identified subgroups in the AA transgender community consisting of the preoperative (i.e., before gender-reassignment surgery), postoperative (i.e., after gender-reassignment surgery), working girls (i.e., transgender MTF individuals engaging in survival sex), and the 9-to-5 working class, which was further subdivided based on payscale. A few participants stated that gang membership was more prevalent among AA youth than other ethnic groups; however, some disagreed and emphasized that group membership generally was important to youth, and that gang membership played only a small part in their overall identities. An MTF AA transgender adult explained the importance of group affiliations.

> AA youth tend to conform to group affiliation. They do not want to stand out as individuals. Self-image and identity of youth are based on their interpretation of group affiliation and membership, mainly gang affiliation. Whatever the group does is what they normally conform to, even when they question their gender identity. Youth tend to look alike and act alike. Their identity is singular. It is more prominent with the female population; they hassle together. In public, they tend to unite, but in private who knows what happens to them.

Another MTF AA transgender adult participant stated, "Gang means simply group membership. Youth wanted to feel a sense of belonging. They dress similarly and smoke weed, sell drugs such as marijuana, crack, X pills, and hormones." And one AA MTF transgender youth identified subgroups based on sexual orientation and gender identity of the individual, such as transgender, transsexual, cross dresser, lesbian transgender, heterosexual, and queer/questioning.

In the L/L transgender community, subgroups were divided based on class, sex work, transgender identities (e.g., transmen, transwomen, queer, questioning), age (e.g., young, old), passable or nonpassable, and those with and without jobs. Some Latina transgender women identified subgroups based on the stages of transitioning. For example, a few MTF Latina transgender youth described transgender individuals as being, "No longer a man, taking hormones, writing down as a woman [i.e., check the female box on official forms]."

An MTF L/L youth participant claimed that ethnicity was a major divide in the various ethnic transgender communities. She indicated that she observed differences in subgroups: "A/PI, AA, and L/L transgender individuals sticking with each other in their ethnic group."

A few transgender MTF adults explained how identity could become an issue for transgender youth because being passable in mainstream society was the key to becoming a "successful" transgender woman. They explained that MTF women do not want to be seen as male. For youth, the difficulty lay in figuring out personal identities and a sense of belonging, which played a critical role in individual growth and development. This was often expressed by transgender youth as being passable for the desired gender and living normally like those whose genders that were biologically defined at birth. Almost all participants agreed that it was important to keep an open mind about gender identities because of variants along the transgender spectrum, including transgender, not gendered, third gender, gender queer, gender fluid, and those who did not choose to belong to another point on the gender spectrum.

Transitioning and Related Issues

Transitioning involves various degrees of physiological change and is subject to the individual's interpretations of change. Most transgender participants agreed that a set of physiological changes was required to be considered a "full" transgender person. Most participants pointed out that there were many issues related to transitioning. A/PI

transgender participants who lived as full-time transgender women believed that having both top and bottom gender reassignment surgeries were needed to undergo a complete transformation. One MTF A/PI adult explained what it meant to live as a full-time transgender woman: "Transition is a process that involves various steps from therapy to hormone, and to surgery. One of the major physiological changes involves feminization surgeries. Bottom surgery is required for a passport. Clothing is very important." However, a few participants stated that there was no need to have both top and bottom surgeries because they only needed to look good to themselves. One MTF A/PI adult participant described changes that she was willing to go through.

> I don't want to do bottom surgery. I don't know what the outcome is if they were to cut it off. I am worried about sexual pleasures. Would I feel the same way again? What does it mean if I go all the way? I am happy with just having breast implants.

Another A/PI MTF transgender adult explained her difficulties going through transition.

> Transition is permanent; it's life changing both physiologically and mentally. For example, testosterone does something to the brain. Your relationships change if you are a TG (transgender) transwoman. You no longer belong in the gay community. It is different after transitioning. You become aware of boys.

For some, change or the idea of being different started as early as infancy. They questioned why they were different or expressed the need to be the other gender. One MTF A/PI youth described some early childhood experiences of feeling different about the gender with which she was born.

> For transsexuals, some question their identity as early as age 5 years old and would get diagnosed with GID (Gender Identity Disorder). This childhood experience can be painful. They tend to hide their emotion in their teenage years, but they begin transition at around the age of 15 or 20 years old. The common age range for youth to start questioning their gender identities and to begin the process is between 15 and 16 years old.

For L/L MTF transgender youth, it was common to find an older transgender woman who could assist in this process because language could be an issue. One of the difficulties in transitioning was adapting to a new pronoun. Some participants claimed that it was difficult to deal with those who used the wrong pronoun during the interim transitioning period because it reminded them of their gender identities. One MTF L/L transgender adult participant explained:

> This is painful. Family does not accept the person, especially if the person lived as a heterosexual woman and was married to a man for 11 years. Change took place really fast once the person decides to go through transitioning. You want it now. You tend to rush into things. Younger people-transmen tend to go crazy and do not take precaution. There is a lot of grieving of loss and change. It was difficult to accept the gender identity. It is a creepy thing. Transsexuals are freaks (not normal). It was hard to be a woman. It feels like taking a course that never ends. It took a lot of effort, energy, and time. There is inner turmoil, and it took a few months to come up with the realization, once decided it was the right decision.

For most transgender participants, the most critical and painful part was during the interim transitioning period. This process was real, and the realization of loss and change was not always pleasant. It was bitter and sweet, and the desperation for change to happen faster and the lack of financial means to pay for this new identity could all be overwhelming. At the same time, there was a positive side to the interim period. Once the decision was made to go through the change, the person realized that he/she was a step closer to becoming who he/she was and that the experience was real and fulfilling.

Survival Sex, and Drug and Alcohol Use

Participants reported high rates of sex work in the transgender community. Sex work was identified as a fast, easy, and financially rewarding option to help pay for rent, drugs, hormones, and gender-related surgeries. Nearly all participants stated that

drug use was exceedingly common in commercial sex work, and that many transgender women were forced to take drugs with their clients. They expressed beliefs that most transgender women contracted HIV by having unprotected sex with clients while under the influence of drugs. This belief had prompted some participants to quit sex work. A few participants admitted that they used to do sex work and claimed that they quit after hearing about other transgender women being killed because they were transgendered women. Whether they sold sex to pay for drugs or did drugs in order to escape the fact they engaged in sex work was not clear, but some participants explained the need to use drugs in order to escape their situations.

The PI asked participants who formerly engaged in sex work about why they engaged in sex work knowing that they could have contracted HIV from their clients. One transgender MTF woman said that if the "Johns" were willing to pay money for the service, she would not object to "quick and easy money." Others said that they would not refuse money from a man who refused to wear a condom because they would rather worry about contracting HIV later than to starve or be homeless and live in the streets.

The main reason participants cited for engaging in sex work was that they needed to make money to buy food and hormone shots. One participant explained that once an individual was in the survival sex scene, there was even more of a need to "stay looking good," which required money to pay for more hormone shots. This issue was compounded by the fact that some clients would "pay girls extra to do drugs with them" and that sex workers were often beaten for being MTF transgender women.

A/PI participants believed that survival sex helped pay for hormones and drugs. Some participants stated that many Filipina transgender women, in particular, were young and naïve about commercial sex work and thought that it was glamorous and an easy, quick method of making money to pay for hormones and gender-reassignment surgeries. One A/PI MTF transgender adult explained what she saw as the positive side of survival sex: "Sex work serves dual purposes: validation of one's identity or image and money. Validation means love and to be wanted by men. And this is important to transgender women."

Most AA transgender women stated that they had engaged in survival sex; however, some participants quit because they were concerned about contracting HIV. One of the MTF AA participants who was still involved in sex work explained the following:

> The pimp—he's making deals with you. He gets 20% and you get 80%, but in the end you get 20% and he gets 80%. He is a bad boyfriend. And he beats you up if you don't listen to him. He tells you who to sleep with.

Another AA MTF transgender youth participant expressed a similar view: "You meet these men through 'myspace,' in the street, and through friends. These men are your dates, boyfriends, lovers, and your pimps. They are conniving, but they become the support system for you and you can't get out."

One AA MTF transgender youth participant explained from her own experience about sex work: "TGs do not need pimps. They can work alone and just need to find the Johns. Those men want sex and act certain ways. They want both a female and male body."

Among Latina transgender women, there was a common belief that sex work was the only choice available. One participant stated that she could not get a job because of her gender identity, so she contracted an escort service online. Most participants agreed that most escort service calls are for sex.

There seemed to be one major cultural difference between L/L transgender and the other two ethnic groups. Latina transgender women believed they were trapped in the traditional gender role. They explained that transgender women got trapped in the ideal notion of what a woman was, and they wanted to get married and be financially supported by their husbands. The participants stated that many Latina transgender women meet men through sex work, but most of the men are already married. The transgender women then become mistresses to those men and often are abused.

A/PI participants claimed that drugs were "everywhere" on the streets and in the community. They thought alcohol use was more prevalent with college students. Some participants stated that most transgender youth were depressed and disconnected from the mainstream community. This was especially true for Chinese transgender youth. Transgender

youth used drugs and alcohol to escape from mental health issues, especially if they were dealing with both gender identity and poverty issues. One A/PI MTF youth participant explained how using drugs made it easier to meet other people:

Using drugs is a way to strike up a conversation—things that youth can do to relate to other youth. Some of the common drugs that are seen in the community include speed, marijuana, "E," mushrooms, acid, crystal methamphetamine, crack, and cocaine. Marijuana is a gateway to heavier drugs, such as crack for poor, Black people (cocaine is too expensive).

Similar to the A/PI community, AA participants claimed that drugs and alcohol were prevalent in their community. One MTF adult participant commented, "If you need it, you just look for it, and it's there in front of you. Some sell it and use it; others sell it in order to use it, especially with TG girls. Alcohol is not as damaging as recreational drugs."

A Latina MTF transgender adult reported using cocaine for 3 months because she was depressed about her friends getting beaten up and raped. She stated that she had seen many sex workers hurt by clients for being a transgender individual. Some of the transgender ex-sex workers reported that they quit because their clients infected them with HIV, and they were afraid of being killed for being a transgender woman.

All participants expressed concern about drug and alcohol use in the transgender community. Many felt that transgender individuals, especially sex workers, self-medicate with drugs and alcohol in an attempt to ameliorate stress and other mental health problems. They cited stimulant and psychedelic drugs as the most commonly consumed drugs in the transgender community. There was a serious concern about the dual role of sex work and substance use, which could exacerbate the problem with HIV.

Mental Health, Health Care Services, and Support Systems

For many transgender individuals, accessing health care services is difficult for various, but obvious, reasons. Participants cited the lack of health insurance as a major barrier. Another barrier was related to transgender identity. Participants expressed a major fear of not being able to see culturally competent and sensitive health care providers for health care services. It was for this reason that some participants waited until it was absolutely necessary before seeking health care. However, this practice often results in a more critical health problem. Some other barriers included lack of knowledge about available or free services and having no access to transportation.

Most L/L participants stated that accessing health care was a serious concern because providers were not educated about the needs of transgender individuals. They identified the need for a comprehensive health insurance that would cover transgender-related surgeries and follow-up (e.g., sensitive and continued gynecological services for FTM transgender men), mental health, and transitioning support and services to help transgender individuals come out and disclose their gender identities to family. One MTF A/PI adult participant commented as follows:

> There are transgender-specific issues such as access to medial care and hormone treatment. It is unaffordable to pay for hormones when it costs $25 for [a] one-month supply. Health insurance does not always cover it, and if it is, it is very minimal. The problem is also with obtaining hormones, like one day you're in and one day you're out.

Some transgender youth expressed a great need for mental health services. A couple queer/questioning A/PI youth stated that they would like to see more.

> . . . case management to deal with some of the issues such as being clocked-spotted, singled out, people know you're a trans person can be good thing/bad thing too. I am okay with being clocked because I am both, a woman and a man.

Another MTF A/PI youth stated that what she needed was, "Someone to guide me and push me in the right direction to achieve my goal and creating a movement to remove restrictions such [as] you have to have a psychologist to tell you to get hormone."

HIV was a major concern. Most transgender participants expressed concerns about HIV, particularly in the AA transgender community. The individuals who admitted to engaging in survival sex stated

they tried to always use condoms to reduce the risk of HIV exposure because many clients were known on the streets to have HIV infection. In contrast, some transgender individuals believed that HIV did not affect the community and that talking about it was taboo. A few transgender youth explained that they did not need to discuss HIV because they were not sexually active. When asked about their concerns, participants commented on rumors, using protection, avoiding sex work, and not using drugs or alcohol when having sex, but HIV remained a secondary concern when other primary needs (e.g., food, shelter, employment) were unmet.

Sense of Transgender Community

There was a sense of transgender community; however, the degree of cohesiveness depended on the perceptions and experiences of individuals and how involved they were in their respective communities. Participants stated that the A/PI and AA transgender communities appeared to be better defined than the L/L transgender community. L/L participants believed that there was less of a sense of community, possibly because of ethnic and cultural diversity in the L/L transgender community, as well as the fact that they felt that the L/L transgender community was young, and many were just beginning to embrace their identities. Overall, almost all participants claimed that there was some sense of community among transgender individuals in San Francisco, but it was not always as cohesive as they would have liked to see.

A few participants questioned the transgender community's cohesiveness, specifically on age difference (e.g., young vs. older transgenders). Some of the participants observed that transgender youth tended to support each other, whereas transgender adults were more competitive socially and sexually, especially individuals engaging in sex work. However, some participants stated that there was a sense of community, but also some division, among people they knew. This division tended to occur among "new girls, young girls, and old girls who engage in sex work." Participants said there were always transgender individuals who did not want to be part of the transgender community. One MTF A/PI adult explained, "It is hard to tell if it feels like a community or not, since the most passable TGs want nothing to do with those who just started transitioning."

In the A/PI transgender community, the issue was cultural. One MTF A/PI transgender youth described her experience.

> It is difficult to try to connect with A/PI TG individuals. There is A/PI pride. I don't know how to say certain things in Chinese. I need a mentor who can help translate about transgender issues in the Chinese language. There are places for trans youth but not specifically for Chinese trans youth. I feel out of place sometimes, especially if I attend an old TG focus group. I have nothing in common with them.

There appeared to be competition for resources, especially among MTF A/PI transgender women. Some participants claimed there was more "backbiting" between transgender A/PI "working girls." They described the competition to be, "like other women, [to] look pretty and to have beautiful boyfriends," and the tendency to "gossip about who is prettier, who goes to Ross versus Macy, and who has better shoes or purses." A few A/PI participants said that competition usually occurred because of relationships with men. One participant explained how it could work to a person's advantage if another sex worker was diagnosed with HIV because there would be one less worker competing for clients. A transgender MTF A/PI adult explained as follows:

> The problem is that there is still competition among themselves. For example, one girl's bad news is another girl's gain. They rejoice in someone else suffering. They are happy if someone else is miserable. There is validation going with a rich man since he represents stability. If one of them gets to date a rich man, every TG knows about it.

However, most agreed that the transgender community had come a long way and continued to develop. They pointed to the success of the gay community as an example they wanted to model to increase visibility and advocacy for transgender individuals, especially among transgender youth who felt they still had time to develop themselves and make a contribution to society. Most transgender youth discussed how they

would like to have an ideal community that was open to all. They described an ideal community for transgender individuals to be inclusive, supportive, and the kind that provided access to and information about networking systems, employment, health care and insurance, and other appropriate, transgender-sensitive services. Participants stated that an ideal community was a better America that provided jobs for everyone, better communication, shelter, housing, and free education. It was an open society where everyone was free to be who they were without restrictions or judgment from anyone.

Resources, Support, and Other Immediate Concerns

Transgender-specific resources and support services are lacking in San Francisco. Types of support services needed include emotional support groups and guides for transitioning, advocacy support, and information on how to deal with discrimination at work. Most available services and resources are limited, not transgender-sensitive, and age-based. Programs that provide transgender-specific services tend to be short-term and age-based, which makes it difficult for some to access. Participants said that they would like to see less restrictive support services.

Participants also wanted to see resources to help individuals deal with family members after they decided to come out. For some transgender youth, the time when they informed family members seemed to be a critical turning point in their lives, and the consequences were severe for some because of the risk of being kicked out from their parents' homes or of being verbally and physically abused by their parents, primarily their fathers. A few participants claimed that it was already difficult enough to be gay and having to tell their families, but the further step of telling their parents about their transgender identity was extremely difficult. They felt their parents might not understand what it meant to be different and to go through the process. They did not know how to explain the issue to their families in constructive ways. One MTF A/PI adult participant shared her experience.

> It is generally difficult to deal with family. Being gay or lesbian is already difficult, but being TG adds even more pressure and then there is the MTF or FTM binary and not all of us fall under this category. This poses [a] serious challenge to family. Coming out often occurs with physical and verbal abuse by parents and family members and rejection (or being ignored/kicked out). TGs want to be part of the family, but they are ignored and sometime[s] they cannot tolerate this kind of treatment. Friends made before transitioning helps TGs cope with the process a lot better like how to tell them about gender queer and variant. It is difficult to talk to people generally, but family members are harder. Once decided, you need to figure out how to come out to people you love, like talk to family. It is most difficult.

Most transgender youth participants stated that they struggled with being accepted by their families and lacked direction or resources to pursue their interests. One AA youth participant was an artist and had no money to purchase painting supplies. He asked:

> What am I going to do after I turn 24 years old, since this program does not take people after that age? Perhaps going to school, get a job, be more stable. I don't know what to do, and the environment is not good for us to nurture or develop ourselves.

Another participant explained about the importance of having friends as part of the support system. An MTF transgender youth commented as follows:

> Friends who are not educated [about transgender issues] tend to reject transgender individuals. They would not provide emotional support. So it is important to meet people during transition, especially those who have knowledge about transgender issues, for example, people who can mentor you and who have already been exposed to LTGB [lesbian, transgender, gay, bisexual] issues.

Transgender youth often sought a short-term relationship, whereas transgender adults tended to express the desire to have a long-term relationship with a man. One MTF A/PI youth explained the difficulty of having relationships with men.

> Relationships can be problematic if you are a TG. There is the MTF point of view. Men have different interests. Men who are looking for transgender women only prefer those who are passable. TGs that are MTF and are in pre-operation phase may not have the opportunity to meet men that easily because of who they are. They commit to short-term relationships with them.

Many transgender youth participants expressed concerns about coming out, transitioning, and general life concerns, including school, money, and leisure activities with friends. Adult transgender participants identified housing, employment, and relationships as immediate concerns. Other concerns related specifically to transition and gender identity included physiological changes, hormone therapy, how to pay for surgeries, and transgender acceptance. Transgender individuals make daily decisions based on the need to survive, options available to them at the time, and fulfilling immediate needs.

Study Limitations

This study had several limitations. Historically, qualitative studies were conducted to generate theories about a previously understudied paradigm or phenomenon. The results of this study have provided some knowledge about issues specific to transgender youth of color, but the results should not be used to guide practice. The study examined only some aspects of the needs of transgender individuals of color and a more detailed, long-term study is needed to gain a deeper understanding of this community. The sample size of each ethnic group was small, and results may not have been representative of the issues.

Conclusion

Findings from the study suggest that transgender youth and adults make decisions out of necessity and that the greatest impact is on daily needs. When these needs are unmet, transgender individuals resort to options that are available at the time. Despite social vulnerability, transgender youth and transgender people of color in general show remarkable creativity, resilience, and social support to help each other define their identities and transition to the preferred gender expression. Transgender youth present a wide range of diversity and fluidity with regard to gender identity. This diversity is further enhanced by the many different ethnic, cultural, and socioeconomic backgrounds represented in the community. Transgender youth are interested in sharing their experiences and learning from the experiences of others. Allowing free expression is the best way for transgender youth to be exposed to different possibilities and be able to match these possibilities with their individual identities and aspirations. They also have a great need for practical and emotional support. Searching for employment opportunities and stable housing are main concerns for many transgender youth.

Transgender individuals, particularly transgender youth in San Francisco, are socially vulnerable and need support through programs designed specifically for them. Some individuals arrive in San Francisco with little or no resources, looking for opportunities to live openly as transgender individuals and connect with others to whom they can relate. Others struggle to fit in and to learn how to express their gender. Despite San Francisco's reputation as a liberal, open, and accepting city, more resources are needed for transgender youth and adults to socialize, receive services, organize events, mobilize outreach activities, and, more importantly, to live like everyone else without societal judgment or abuse.

Dealing with the difficulties of a hostile and abusive society, creates a demand for counseling and role models to help bolster self-esteem, deal with transition issues (especially during the interim transitioning period), manage relationships, and learn self-defense. Many transgender individuals resort to sex work for survival or gender affirmation, and commonly use stimulants (speed and crack/cocaine) and other substances to cope. This increases the risk of addiction and exposure to HIV and other sexually transmitted diseases. Resources for harm reduction and mental health are much needed to help these individuals live full and healthy lives. A major issue that needs to be further explored is that

transgender youth express great social anxiety regarding their desire to express a gender that does not meet social expectations. There is a need for a deeper understanding of this issue and the impact on transgender youth, as they grow, develop, and reintegrate into society after they decide to come out. Findings based on qualitative studies and various needs assessment reports point out that we do not know enough about this community. Systematic qualitative and quantitative studies are needed to ensure that this population group is not ignored, that their needs are fully met, and that the services provided by government and other agencies are accessible, sensitive, and appropriate.

Clinical Considerations

- Health care providers who are open and sensitive to the needs of transgender youth and adults facilitate health care–seeking behaviors.
- Resources for harm reduction, and health care targeted to HIV, sexually transmitted diseases, and mental health issues, should be a part of any program serving transgender youth and adults, especially those who are involved in survival sex.
- Health care providers should openly discuss gender identity in a social context with transgender youth and adults and be prepared to make referrals to appropriate professionals who can aid in planning for transition to the preferred gender.
- Health care providers should pay attention to transgender-specific problems, particularly during the transitioning interim period; HIV information and other health messages should also be addressed during this time.
- Transgender youth and adults present a wide range of diversity and fluidity with regard to gender and sexual identity. Support groups and related services that are tailored to transgender individuals should, therefore, also take age and ethnicity into consideration.

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